

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768019

1. Entity Name

THE TROPICANA CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90098 020 ****61.25

Principal Place of Business 15645 COLLINS AVE. 1ST FLOOR OFFICE MIAMI FL 33160-4762	Mailing Address 15645 COLLINS AVE. 1ST FLOOR OFFICE MIAMI FL 33160-4769
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2348203	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GRAY, LUTHER T
15645 COLLINS AVE
#304
MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete GRAY, LUTHER T 15645 COLLINS AVE. #304 MIAMI BCH. FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete LIOTTI, ANTHONY 15645 COLLINS AVE. #405 MIAMI FL 33160-4762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST. <input type="checkbox"/> Delete RICCIO, GAY 15646 COLLINS AVENUE, #903 MIAMI BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KAPLAN, JANET 15645 COLLINS AVE 506 MIAMI BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete NARDUCCI, LOUIS 15645 COLLINS AVE. #303 MIAMI FL 33160-4762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete HANSON, MAHLON 15645 COLLINS AVE #704 MIAMI BEACH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gay Riccio* **SECRETARY** 1-13-2000 305-940-0003
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)